



Marrow Donor Program Belgium - Registry
Motstraat 40 2800 Mechelen
Tel: (32) - 15 44 33 96 Fax: (32) - 15 44 36 56
Email : MDPB-registry@rodekruis.be

COLLECTION REPORT: HUMAN BONE MARROW (HPC, Marrow)

(To be completed by the collection center)

PATIENT DATA:

Patient name:	Patient ID number: (assigned by patient's registry)
Patient weight:	
Transplant center:	Patient ID number: (assigned by donor's registry)

DONOR DATA:

Donor ID number:	Donor Center:			
Age or date of birth: (Day/Month/Year)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Weight: kg	CMV:	Blood group:

TRANSPLANT CENTER	COLLECTION CENTER
Institution:	Institution:
Address:	Address:

COLLECTION INFORMATION:

Date: (Day/Month/Year)	Time started:	Time completed:	Total number of bags:
24 hour clock & local time zone			
Volume Collected: ml	Total number of nucleated cells: x10 ⁸		
Anticoagulant used:	Tissue culture media used:		
Was this marrow product filtered by the collection center? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Comments: Any changes in collection requirements or additional comments?			
Incident during collection? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give details:			
Overnight storage method / details (if applicable):			
Transport Temperature: (Special packing materials such as gel packs must be provided by the transplant center unless alternative arrangements have been made with the donor or collection center)			



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MATERIAL:

Material	Commercial name	LOT number	Expiration date	Inspection	Total amount
ACD				<input type="checkbox"/> OK	ml
Heparin				<input type="checkbox"/> OK	
Filtration kit				<input type="checkbox"/> OK	
				<input type="checkbox"/> OK	
				<input type="checkbox"/> OK	

NUCLEATED CELL COUNT:

Material	Volume BM	Volume additives	Total volume	NC Count	TNC
BAG 1	ml +	ml =	ml	/ μ l	$\times 10^8$
BAG 2	ml +	ml =	ml	/ μ l	$\times 10^8$
BAG 3	ml +	ml =	ml	/ μ l	$\times 10^8$
BAG 4	ml +	ml =	ml	/ μ l	$\times 10^8$
	ml +	ml =	ml (B)	/ μ l	$\times 10^8$ (A)

CALCULATED NC DOSE FOR RECIPIENT

Prescribed	$\times 10^8 /$	kg =	$\times 10^8 /$	kg
Collected				
Uncorrected (=A)	$\times 10^8 /$	kg =	$\times 10^8 /$	kg
Corrected (=*)	$\times 10^8 /$	kg =	$\times 10^8 /$	kg

* = (A) - [(B) x PB WBC count]

OTHER QUALITY CONTROL:

Peripheral blood WBC count: / μ l
Culture for bacterial contamination: <input type="checkbox"/> Negative / <input type="checkbox"/> Positive
If positive: give details:
Other tests done:



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ADDITIONAL SAMPLES:

Type of sample		Prescribed	Collected
Bone marrow:		ml	ml
Blood:	CLOTTED (no anti-coagulant)	ml	ml
	EDTA	ml	ml
	HEPARIN	ml	ml
	ACD	ml	ml

DISCLAIMER: *The cell products collected from this donor are intended solely for the purpose of immediate therapeutic treatment for the above-mentioned patient. Excess cells may be stored for future infusion for this patient. No other uses of these cells are permissible. Cells not used for the therapeutic treatment of the above mentioned patient must be disposed of properly. The donor center must be provided detailed information concerning the use and/or disposal of all portions of this cell product. By accepting these cells, the transplant physician also accepts these terms and conditions. Requests for deviations from these terms must be submitted in writing to the donor center for approval.*

PROBLEM REPORTED BY TRANSPLANT CENTER:

Problem reported:
Action taken:

Collection physician: STAMP:	Signature:	Date: (Day/Month/Year)
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